

**STATEMENT OF FACTS TO ADD A CHILD UNDER AGE 16**

(Supplemental Application and Request for Cash Aid and/or Food Stamps)

**INSTRUCTIONS:**

Fill out this form for a new child in the home and sign the Certification section.

If you need more space, attach another sheet of paper. Use one form for each child.

**If you get Cash Aid**, and you want aid for the new child, this form must be filled out by the parent or adult caretaker relative.**For Food Stamp households** which do not get or want to get Cash Aid, this form must be filled out by an adult household member or authorized representative.**1. Parent's or Caretaker Relative's Name****Phone**  
(     )**2. Give us all the facts for this child.**

CHILD'S NAME (FIRST, MIDDLE, LAST)

MOTHER'S NAME

SOCIAL SECURITY NUMBER

SEX (✓)

☐ M ☐ F

FATHER'S NAME

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE (MONTH, DAY, YEAR)

BLIND, DEAF, OR DISABLED

☐ YES ☐ NO

TYPE OF AID REQUESTED (✓)

☐ Cash Aid ☐ Food Stamps

CITIZEN/NONCITIZEN STATUS (✓)

☐ U.S. Citizen/National☐ Noncitizen: Sponsored ☐ YES ☐ NORELATIONSHIP TO APPLICANT OR TO THE  
CHILD'S CARETAKER RELATIVE

FOSTER CHILD

☐ YES ☐ NO

IF CHILD IS UNDER AGE 6, ARE IMMUNIZATION SHOTS UP TO DATE?

☐ YES ☐ NO ☐ Not under age 6**3. Did the child get cash aid or food stamps this month?**☐ YES ☐ NO

If "YES", complete below:

TYPE OF AID

☐ Cash Aid ☐ Food Stamps

WHERE (County, State)

**4. Does the child get or expect to get any income, such as:**☐ YES ☐ NO**Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Foster Care Payment, Veterans Benefits, etc.** If "YES", complete below:

TYPE OF INCOME

AMOUNT (Before Deductions, if any)

WHEN

HOW OFTEN

\$

**5. A. Complete below if you want cash aid for this child and the child is between ages 6 to 16.****Does he/she attend school regularly?**☐ YES ☐ NO

If "NO", explain why he/she does not attend regularly:

☐ Not Age 6-16**B. Is the child pregnant or a teen parent?**☐ YES ☐ NOIf "YES", Check (✓) status: ☐ Pregnant ☐ Teen Parent

SCHOOL STATUS, CHECK (✓)

☐ Has a High School Diploma☐ Has a GED☐ Not Attending School (explain):☐ Currently Attending School☐ Other (explain):**C. Has the child received a cash bonus or penalty, or help with child care, transportation, etc. from the Cal-Learn Program? If "YES", complete below:**☐ YES ☐ NO

WHERE (COUNTY)

DATE(S) RECEIVED

**6. Has the parent(s) of this child been in the United States (U.S.) military?**☐ YES ☐ NO

If "YES", complete below:

NAME OF PARENT

PARENT A U.S. CITIZEN

☐ YES ☐ NO

BRANCH OF SERVICE

DATES OF SERVICE

HONORABLE DISCHARGE

☐ YES ☐ NO**7. Complete below if you want food stamps for this child and the child is not a citizen of the U.S.****A. How many years total has this child and/or his/her parents lived in the U.S.?****B. While living in the U.S.**, in how many of the years did this child and/or the child's parents earn money by working in the U.S.?**C. While living outside the U.S.**, how many total years did this child and/or the child's parents work in the U.S. or for a U.S. company?**COUNTY USE ONLY**

CASE NAME

CASE NUMBER

WORKER NAME AND NUMBER

DATE RECEIVED

AU

Non-AU

MFG Child

☐ Yes☐ No

FS Non-HH

Excl. Member

Code:

Work Registration/Exemption Codes:

WtW:

FS:

VERIF: ☐ Blind/Deaf/Disabled☐ SSN ☐ Citizen ☐ SAVE☐ Eligible Noncitizen ☐ Immun.

Alien Reg. No.

D.O.E.

☐ CA and FC Elig/CR Chooses:Child ☐ CA ☐ Foster CareCR ☐ CA ☐ None☐ Verification provided☐ Verification provided☐ FC Income Counted onFS Case ☐ YES ☐ NO☐ CA Eligible for Higher MAP

Income

(✓) if exempt

Unearned

Earned

CA

FS

Verified:

☐ Referred to Cal-Learn☐ CA 25☐ CA 25A

CA 5

Date Initiated

☐ YES ☐ NO

FS: Honorable

Discharge

☐ YES ☐ NO

<b>8. Does the child own any property or have resources, such as: cash, land, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items? If "YES", complete below:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>COUNTY USE ONLY</b>	
TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE	<input type="checkbox"/> Verification provided <input type="checkbox"/> CA Restricted Account <input checked="" type="checkbox"/> Check if exempt <input type="checkbox"/> CA <input type="checkbox"/> FS	
			\$		
<b>9. Does the child have Medicare or health insurance, such as Blue Cross, Kaiser, CHAMPUS, etc., which is paid for by a parent or parent's employer? If "YES", list insurance coverage:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> Verification provided Health Coverage Code:	
<b>10. Is the child hiding or running from the law for a felony, to avoid a felony prosecution, custody or confinement after conviction, or in violation of parole or probation?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>11. Has the child been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s)? If "YES", give facts for cash aid, for convictions on or after 1/1/98; and for food stamps, for crimes and convictions after 8/22/96.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
DATE CONVICTED		DATE CRIME COMMITTED			
<b>12. A. If you can get cash aid, eligible members of your family under age 21 may be able to get some health examinations through the Child Health and Disability Prevention Program (CHDP).</b>				<input type="checkbox"/> CHDP brochure and explanation given <input type="checkbox"/> CHDP Referral <input type="checkbox"/> Date:	
			<b>YES</b>	<b>NO</b>	
• Do you want more facts about CHDP services?.....					
• Do you want free CHDP medical or dental services?.....					
• Do you need help making appointments or getting to the doctor or dentist? .....					
<b>B.</b> Do you want more facts about immunization services? .....					<input type="checkbox"/> Referred for Immunization
<b>C.</b> Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs? .....					<input type="checkbox"/> Other services referral
<b>D.</b> Does anyone who is pregnant need to find a doctor, get medical transportation, and/or other help? .....					<input type="checkbox"/> Pregnant
<b>E.</b> Is anyone breastfeeding a child? .....					<input type="checkbox"/> Parent or Guardian of child under 5
If "YES", was the birth within the last three months? .....					<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Postpartum
<b>F.</b> Do you want to get facts or services from a Family Planning Clinic to help you plan your family size and prevent unplanned pregnancies? .....					<input type="checkbox"/> WIC referral
					<input type="checkbox"/> Family Planning info given
					Date Referred:

#### CERTIFICATION

**I understand that:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• If I give wrong facts or fail to report all facts or situations on purpose that affect my eligibility and aid payments, I may be fined, jailed/imprisoned, or both. I can be fined up to \$10,000 for cash aid and \$250,000 for food stamps. I can be sent to jail/prison for up to 3 years for cash aid and 20 years for food stamps. And benefits for cash aid and food stamps can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, 20 years or forever; and for Refugee Cash Assistance, 3 months and 6 months.</li> <li>• My case can be picked for reviews to prove eligibility; and I must cooperate fully with county, state, and federal personnel in any quality control review.</li> </ul> | <ul style="list-style-type: none"> <li>• The facts I give will be checked out by local, state, and federal personnel.</li> <li>• The county will send facts to the Immigration and Naturalization Service (INS) for proof of immigration status.</li> <li>• The facts the county gets from INS may affect eligibility for cash aid and food stamps.</li> <li>• The facts I give will be checked with tax, welfare, employment agencies, school districts, and the Social Security Administration to prove the child's eligibility for cash aid and/or food stamps and to prove that I am getting the right amount of cash aid or food stamps. And the social security number will be matched with law enforcement agency records for arrest warrants.</li> </ul> |
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**I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts is true, correct, and complete.**

**WHO MUST SIGN THIS FORM:** For Cash Aid, you and your aided spouse or the other parent (if living in the home) of an aided child.  
 For Food Stamps, an adult household member or authorized representative.

SIGNATURE OF CARETAKER RELATIVE AND/OR ADULT FOOD STAMP HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE	DATE
SIGNATURE OF CASH-AIDED SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME) OF CASH-AIDED CHILD	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

#### COUNTY USE ONLY

<input type="checkbox"/> INELIGIBLE (Reason)				IMMUNIZATION <input type="checkbox"/> Informing (TEMP CW 101/101A)	
<input type="checkbox"/> ELIGIBLE	Eligibility Conditions Met - Date:	Authorization Date:	Effective Date of Aid:	Regs Met: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of County Worker	Date	Signature of Supervisor		Date	